10/8/0598

Application or Docket Number

10810598

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I . (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1			•	]	RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FE	€ 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			// minus 20=		•			X\$ 9=		OR	XS18=	1	
INDEPENDENT CLAIMS			2 m	inus 3 =	•			X43=	<del> </del>	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						<del>                                     </del>				
* If the difference in column 1 is less than zero, enter "0" in column 2							'	+145=	<u> </u>	OR	+290=	7	
2541. CLAIMS AS AMENDED - PART II								TOTAL	L	OR	TOTAL	770	
Æ	イナルル	(Column 1)	(Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL		
		CLAIMS .		HIGH	EST		) L		ADDI-	1		ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
NON	Total	.23	Minus	-2		-3		X\$ 9=		OR	X5X4=	150	
AME	Independent	· 4	Minus		3 ]	=	lf	X43=		OR	XX.	M	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							!   <u> </u>	+145=	·	OR	+290=		
								TOTAL		4 '	TOTAL		
(Oaluma 4)								DDIT. FEE	<u> </u>	OR	ADDIT. FEE		
_		(Column 1)  CLAIMS		(Colum		(Column 3)		•					
8		REMAINING		NUMB	-	PRESENT		_	ADDI-	1		ADDI-	
		AFTER		PREVIO		EXTRA		RATE	TIONAL		RATE	TIONAL	
١		AMENDMENT		PAIDF	OR		l L		FEE			FEE	
AMENDMENT	Total	•	Minus	÷÷.		=	$\cdot$	X\$ 9= .		OR	X\$18=		
	Independent	AUTATION OF AN	Minus	ENDENT		<u> </u>		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
•				· · · · · · · · · · · · · · · · · · ·			· AI	TOTAL DDIT, FEE		OR ,	TOTAL ODIT, FEE		
	·	(Column 1)		(Colum	n·2\ /	Column 3)				•			
7		CLAIMS		HIGHE		00:0:::::0)			· · · · · · · · · · · · · · · · · · ·				
Z I		REMAINING		NUMBI		PRESENT			ADDI-			ADDI-	
	•	AFTER AMENDMENT		PREVIOL PAID F		EXTRA		RATE	TIONAL FEE	.	RATE	TIONAL FEE	
	Total		Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***				X43=			X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (	CLAIM		$\vdash$			OR			
			•				1	+145=	·	OR	+290=	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE ADDIT. FEE													
	the "Highest Nur	mber Previously Paid ber Previously Paid	d For IN THIS	SPACE is	less than	3. enter *3.*	_			· ^			